
**ADULT TRAUMA
Age 15 years and Over**

If in the pre-hospital provider's judgement, the patient has been involved in a trauma incident, which because of a high-energy exchange causes the provider to be highly suspicious that the patient has the potential to be severely injured, the patient should be entered into the trauma system.

FIELD ASSESSMENT/TREATMENT INDICATORS

Refer to Protocol Reference # 8010 Adult Trauma Triage Criteria

BLS INTERVENTIONS

1. Assess environment and extrication as indicated
2. Airway management as indicated (OPA/NPA, BVM or ETAD)
3. Transport or ALS intercept to closest most appropriate facility or trauma center
4. For a Traumatic Full Arrest, an AED may be utilized per Protocol Reference #6015
5. Manage special considerations
 - a. Head and Neck Trauma: Whenever possible protect an injured eye with a rigid dressing, cup or eye shield. Do not attempt to replace a partially torn globe – stabilize it in place with sterile saline soaked gauze. Cover uninjured eye.
 - b. Burns: Protect the burned area
 - i. Do not break blisters or remove adherent materials
 - ii. Remove restrictive clothing/jewelry and cover with dry sterile dressing or sterile burn sheet
 - iii. Calculate BSA and initially classify burn as Minor, Moderate or Major

ALS INDICATIONS

1. Advanced airway as indicated. (Anytime the patients airway cannot be adequately secured by field personnel, transport to the closest appropriate receiving hospital for airway stabilization and transport)
2. Vascular Access as indicated with large bore IV/IO
 - a. BP<90mmHG: Initial Bolus NS IV/IO Wide Open rate until BP>90mmHg, then 300cc/hr
 - b. BP>90mmHG: IV maintenance rate at 300cc/hr
3. In San Bernardino County, contact Trauma Center when the trauma triage criteria are met per protocol Reference #8010. In Inyo and Mono counties contact base hospital.
4. Manage special considerations
 - a. Blunt Chest Trauma: Consider needle thoracostomy for chest trauma with symptomatic respiratory distress
 - b. Isolated Extremity Trauma: For BP>90mmHg consider MS in 2 mg increments up to 20mg IV titrated to pain relief
 - c. Hip Fracture: With an alert/oriented patient consider MS IV in 2 mg increments up to 20mg IV.
 - d. Amputations: Document in narrative that amputated part was given to a designated staff/team member

- e. Burns:
 - i. If BP<90mmHg give 300cc fluid bolus may repeat.
 - ii. Calculate fluid rate. Hourly rate = $\frac{(1\text{ml}) \times (\text{wt in kg}) \times (\% \text{BSA})}{2}$
 - iii. MS 2-4mg increments IV push up to 30mg and titrate slowly.
 - iv. Nebulized Albuterol 2.5mg may repeat 3 times.
- 5. Base Hospital may order additional medication dosages and additional fluid boluses.